

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1368

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH CITY OR TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY OR TOWN	
Caroline Greensboro		Greensboro Caroline	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Ruth Anna		4. DATE OF DEATH Oct 20 1857	
5. SEX Female		6. COLOR OR RACE W.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH Oct 20 1857	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY domestic service	
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) D.L.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		14. MOTHER'S MAIDEN NAME Unknown	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334 Immediate cause (a) Cerebral & General Paroxysmal			
Antecedent cause(s) (b) 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Secondary Encephalitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
(CITY OR TOWN)		(CITY OR TOWN) (COUNTY) (STATE)	
INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 14, 1950, to Feb 27, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Charles H. J. Meador Jr. Greensboro Feb 28 1951			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Feb 28 1951 NAME OF CEMETERY OR CREMATORIAL Denton	
DATE REC'D BY LOCAL REG. Feb 28 1951		LOCATION (City, town, or county) (State) Denton	
REG. DATE REC'D BY LOCAL REG. Feb 28 1951		24. FUNERAL DIRECTOR J. K. Moore & Son ADDRESS 120826	
REG. DATE REC'D BY LOCAL REG. Feb 28 1951		REG. DATE REC'D BY LOCAL REG. Feb 28 1951	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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66

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural, give location)	

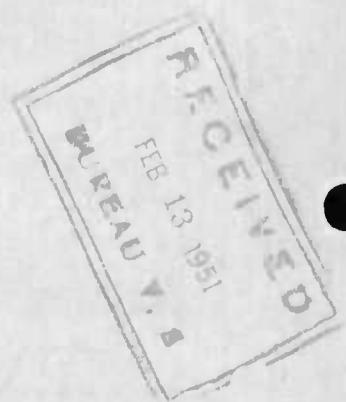
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
Male		John	Wesley	Bell	Feb.	5	1951	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	Hours
White		Married		Feb. 28, 1865	85	11	11	11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY		
Farmer		-		Maryland		Md.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
John Wesley Bell		Gafforee Baker		No		17. INFORMANT AND ADDRESS		
18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 4721 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) Central Hemorrhage & Hemiplegia Arteriosclerosis, Cader Vascular Disease
(b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY	HOW DID INJURY OCCUR?		
TIME (Month)	(Day)	(Year)	(Hour)	While at Work	Not While At work
OF INJURY	m.				

22. I hereby certify that I attended the deceased from Sept. 10, 1950, to Feb. 5, 1951, that I last saw the deceased  
alive on Feb. 4, 1951, and that death occurred at ... m., from the causes and on the date stated above.  
SIGNATURE Charles H. Deneen Jr. ADDRESS Green St. 100 DATE SIGNED Feb 5 1951

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Buried		Feb. 8, 1951	Spring Brook	Baltimore	Md.
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
Feb. 8, 1951		Mary E. Kind	J. Siegel Mort. & Sons. Doctor		



## **MARYLAND STATE DEPARTMENT OF HEALTH**

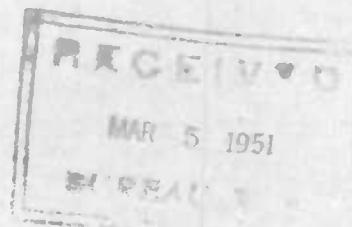
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

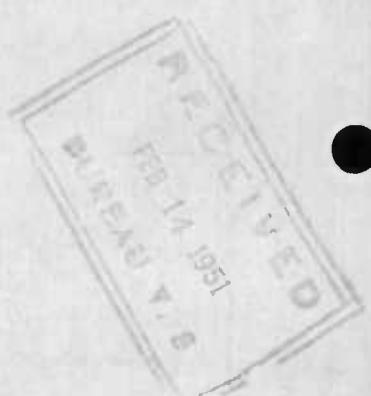
Reg. Dist. No

60

1. PLACE OF DEATH COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Goldsboro		LENGTH OF STAY (in this place) 60 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS None		4. DATE OF DEATH 2 - 3 - 51		(Month) (Day) (Year)	
3. NAME OF DECEASED (Type or Print) Grace		(First) (Middle) (Last) Mae Casson		5. SEX F. Col.		6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		8. DATE OF BIRTH 4/16/1890		9. AGE last birthday 60 yrs.	
13. FATHER'S NAME William E. Carney		11. BIRTHPLACE (State or foreign country) Caroline Co. Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Mary E. Groce			
17. INFORMANT AND ADDRESS Benena Stark Goldsboro, Md.		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  170X 50 Immediate cause (a)..... Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  110 50 (b).....  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  110 50 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		110 50 Exhaustion Carcinomatosis (Primary of breast) none					
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from..... alive on..... SIGNATURE.....		11/10, 1950, to..... 8:30 P.m., from the causes and on the date stated above. (Degree or title) ADDRESS				DATE SIGNED 7/3/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/6/1950		NAME OF CEMETERY OR CREMATORIAL Union		LOCATION (City, town, or county) Near Goldsboro, Md. (State)	
DATE REC'D. BY LOCAL REG. 2/15/51		REGISTRAR'S SIGNATURE a. C. Smith		24. FUNERAL DIRECTOR R. B. Rawlings Greensboro Md.		ADDRESS	







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH COUNTY <b>Caroline</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		COUNTY <b>Caroline</b>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>TOWN Preston Rural</b>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Preston</b>		STREET ADDRESS <b># 1</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Home</b>						(If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Nellie Catharine Harris</b>		(First)	(Middle)	(Last)	4. DATE OF DEATH <b>2-12-51</b>	(Month)	(Day)	(Year) <b>19</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>10/4/79</b>	9. AGE last birthday <b>71</b>	If under 1 year Months. <b>0</b>	If under 24 hrs. Days <b>0</b>	If under 24 hrs. Hours <b>0</b>	Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>James Willet Harris</b>				14. MOTHER'S MAIDEN NAME <b>Harriett Patchett</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <b>Howard M. Harris</b>					

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause **Coronary Occlusion**(a) **Sudden**

## Antecedent cause(s)

94a Diseases or conditions, if any, (b)  
giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY	m.				

22. I hereby certify that I attended the deceased from **19** to **19**, that I last saw the deceasedalive on **19**, and that death occurred at **8 A** m., from the causes and on the date stated above.SIGNATURE *Lawson George*(Degree or title) *Rely Meekie Roman*DATE SIGNED **3/14/51**

23. BURIAL, CREMATION REMOVAL (Specify) <b>B</b>	DATE <b>2/15/51</b>	NAME OF CEMETERY OR CREMATORIAL <b>M. E. Church</b>	LOCATION (City, town, or county) <b>Preston, Md.</b>	(State)
DATE REC'D BY LOCAL REG. <b>2/15/51</b>	REGISTRAR'S SIGNATURE <i>Cornelia W. Plummer</i>	24. FUNERAL DIRECTOR <b>H. M. Hollis</b>	ADDRESS <b>Preston, Md.</b>	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Ind</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Denton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <i>life</i>	
3. NAME OF DECEASED (Type or Print) <i>BLANCHE</i>		4. DATE OF DEATH <i>10 BBS</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>FEB 20, 1885</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>house</i>	
11. BIRTHPLACE (State or foreign country) <i>Ind</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Charles Hobbs</i>		14. MOTHER'S MAIDEN NAME <i>Carmenta Nuttle</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>940</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT AND ADDRESS <i>Mrs Edna Hobbs</i>		18. MEDICAL CERTIFICATION <i>Coronary occlusion</i>	
19. DATE OF OPERATION		20. AUTOPSY? <i>6 days.</i>	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a)  
Antecedent cause(s)  
Diseases or conditions, if any, (b)  
giving rise to the above cause  
stating the underlying cause last  
(c)

*Coronary occlusion*INTERVAL BETWEEN  
ONSET AND DEATH  
*few Minutes*II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.*Gastritis*

6 days.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
*Yes  No* 

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
OF INJURY	m.								

22. I hereby certify that I attended the deceased from *Dec 31, 1928*, to *Jan 20, 1951*, that I last saw the deceased  
alive on *Feb 20, 1951*, and that death occurred at *5:45 P.M.*, from the causes and on the date stated above.  
SIGNATURE *Paul Throth M.D.* ADDRESS *Denton MD* DATE SIGNED *2/23/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Feb. 23, 1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Hobbs</i>		LOCATION (City, town, or county) <i>Hobbs, Ind</i>		(State)	
DATE REC'D BY LOCAL REG. <i>2/23/51</i>		REGISTRAR'S SIGNATURE <i>John D. George</i>		24. FUNERAL DIRECTOR ADDRESS <i>J. Taylor Monroe Son</i>					



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

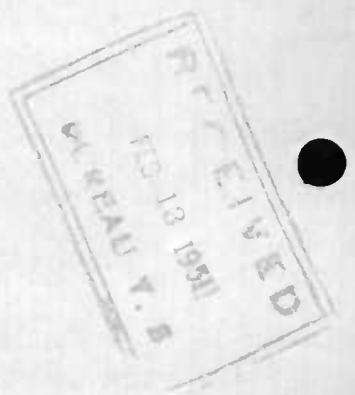
## CERTIFICATE OF DEATH

1374

66

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Caroline			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ridgely			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely		
LENGTH OF STAY (in this place) 30 yrs.			STREET ADDRESS None		
HOSPITAL OR INSTITUTION OR STREET ADDRESS None			(If rural, give location) None		
3. NAME OF DECEASED (Type or Print) Zacharias		(First)	(Middle)	(Last) Lankford	4. DATE OF DEATH 2 5 1850
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH ?/?/1861	9. AGE last birthday 90 yrs.	10. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME No Record			14. MOTHER'S MAIDEN NAME No Record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Pearl Groce Cardova, Maryland	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Hypocardial Failure -          Antecedent cause(s) (b) Generalized arteriosclerosis          Diseases or conditions, if any, giving rise to the above cause          stating the underlying cause last (c) Endo -</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/1, 1951, to 2-5, 1951, that I last saw the deceased alive on 1-31, 1951, and that death occurred at 12:15 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED R. B. Rawlings - 2-8-51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/9/1950	NAME OF CEMETERY OR CREMATORIAL Denton	LOCATION (City, town, or county) (State) Denton, Maryland	
DATE REC'D BY LOCAL REG. 2-8-51		REGISTRAR'S SIGNATURE Mary E. Land	24. FUNERAL DIRECTOR R. B. Rawlings Greensboro, Md.		ADDRESS 970 116



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Dealeton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dealeton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>301 St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Lillie</u>		4. DATE OF DEATH <u>Feb. 1<sup>st</sup></u> 1951	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 1<sup>st</sup> 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		9. AGE last birthday <u>82</u> yrs. If under 1 year Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Philomena Thomas</u>		12. CITIZEN OF WHAT COUNTRY <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Mrs Pearl McGabbister</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>Chronic Myocarditis</u>			
Antecedent cause(s) <u>Arteriosclerotic Cardiovascular Disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Chronic nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>—</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Oct. 10, 1950</u>		INJURY <u>While at Work</u> <input type="checkbox"/> <u>Not While At work</u> <input type="checkbox"/>	
		HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Oct. 10, 1950</u> to <u>Feb. 1, 1951</u> , that I last saw the deceased alive on <u>Feb. 1, 1951</u> , and that death occurred at <u>—</u> m., from the causes and on the date stated above. SIGNATURE <u>Quebec X</u> ADDRESS <u>Dealeton, Ind.</u> DATE SIGNED <u>Feb 2 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 4, 1951</u> NAME OF CEMETERY OR CREMATORIAL <u>Cemetery Dealeton Ind.</u> LOCATION (City, town, or county) <u>—</u> (State) <u>—</u>	
DATE REC'D BY LOCAL REG. <u>1/3/51</u>		REGISTRAR'S SIGNATURE <u>Wm. O. George</u> 24. FUNERAL DIRECTOR ADDRESS <u>J. Vigil Wood &amp; Son, Dealeton</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1376

Reg. Dist. No.

66

1. PLACE OF DEATH COUNTY <i>Paradise</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Paradise</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Ridgeley</i>		LENGTH OF STAY (in this place) <i>20 years</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <i>Ridgeley</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Rachel</i>	(Middle) <i>Catherine</i>	(Last) <i>Mc Kennedy</i>
4. SEX <i>F.</i>	6. COLOR OR RACE <i>Dr.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widow</i>	4. DATE OF DEATH <i>Feb 8 1951</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	8. DATE OF BIRTH <i>Oct 6 1888</i>	9. AGE last birthday yrs. <i>89</i>
13. FATHER'S NAME <i>William A. Bennett</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>97</i>	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT AND ADDRESS <i>Lorraine Dease, Ridgeley, Md.</i>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause  
*450.0*

(a) \_\_\_\_\_

*arteriosclerosis -*INTERVAL BETWEEN  
ONSET AND DEATH  
*12 years*

Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above causestating the underlying cause last  
*97*

(c) \_\_\_\_\_

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i>-</i>	(COUNTY) <i>-</i>	(STATE) <i>-</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 22*, 1951, to *Feb 8*, 1951, that I last saw the deceased  
alive on *Feb 7*, 1951, and that death occurred at *6:30 A.M.*, from the causes and on the date stated above.  
SIGNATURE: *Paul Knotts M.D.* ADDRESS: *Deaton Md.* DATE SIGNED: *2/10/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb. 11 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Deaton Cemetery</i>	LOCATION (City, town, or county) <i>Deaton</i>	(State) <i>Md.</i>
DATE REC'D BY LOCAL REG. <i>Feb. 11 1951</i>	REGISTRAR'S SIGNATURE <i>Mary E. Laird</i>	24. FUNERAL DIRECTOR ADDRESS <i>Virgil E. Dease &amp; Sons - Deaton</i>		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1377

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL and OR <i>the nearest town</i> ) TOWN <i>St. Georges Rd.</i>		LENGTH OF STAY (in this place) <i>16 years</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Near St. Georges Rd.</i>	
STREET ADDRESS		STREET (If rural, give location) <i>Rd.</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Charles</i>	(Middle) <i>Andrew</i>	(Last) <i>Tell</i>
4. DATE OF DEATH	(Month) <i>Feb.</i>	(Day) <i>14</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE <i>Male</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 4 1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	9. AGE last birthday <i>59</i>	11. BIRTHPLACE (State or foreign country) <i>Delaware</i>
13. FATHER'S NAME <i>Charles Tell</i>	14. MOTHER'S MAIDEN NAME <i>Jessie Smith</i>	12. CITIZEN OR WHAT COUNTRY <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>_____</i>	17. INFORMANT AND ADDRESS <i>Charles Tell</i>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## Immediate cause

(a) *Cerebral Hemorrhage & hemiplegia*

422.1 Antecedent cause(s)

Disease or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last  
*93d*(b) *Cerebral sclerosis, Cardiovascular Disease*(c) *Chronic myocardiitis*

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>				
TIME (Month)	(Day)	(Year)	(Hour)	HOW DID INJURY OCCUR?		
OF INJURY	m.					

22. I hereby certify that I attended the deceased from *Jan. 28, 1951*, to *Feb. 1, 1951*, that I last saw the deceasedalive on *Jan. 31, 1951*, and that death occurred at *\_\_\_\_\_* m., from the causes and on the date stated above.

SIGNATURE

(Degree of title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>	DATE THEREOF <i>Feb. 4, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. John's Cemetery, near Greenup, Del.</i>	LOCATION (City, town, or county) <i>(State)</i>
DATE REC'D BY LOCAL REG. <i>1/31/51</i>	REGISTRAR'S SIGNATURE <i>Madge J. Virgil Moore</i>	24. FUNERAL DIRECTOR ADDRESS <i>290 116</i>	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *1375  
60*

1. PLACE OF DEATH- CITY Caroline MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Caroline		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Goldsboro			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro		
HOSPITAL OR INSTITUTION OR STREET ADDRESS None			STREET ADDRESS None		
3. NAME OF DECEASED (Type or Print)	(First) Andrew	(Middle) Garfield	(Last) Wilkerson	4. DATE OF DEATH 2 6 51	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED (Specify) MARRIED	8. DATE OF BIRTH 10/15/1888	9. AGE last birthday 62 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Nathan Wilkerson		
14. MOTHER'S MAIDEN NAME Margaret Berry			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 221-03-1974			17. INFORMANT AND ADDRESS Meta Wilkerson Goldsboro, Md.		
18. MEDICAL CERTIFICATION <i>Coronary Atherosclerosis</i>					

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201 Immediate cause

(a)

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

## 94a 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
ONSET AND DEATH

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Jan 1, 1951*, to *44*, 1951, that I last saw the deceased  
alive on *44*, 1951, and that death occurred at *3 P.m.*, from the causes and on the date stated above.  
SIGNATURE *R. B. Rawlings* ADDRESS *7951* DATE SIGNED *7951*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/10/1951	NAME OF CEMETERY OR CREMATORIAL Union	LOCATION (City, town, or county) Near Goldsboro, Md.	(State)
DATE REC'D BY LOCAL REG. <i>2/9/51</i>	REGISTRAR'S SIGNATURE <i>A.C. Smith</i>	24. FUNERAL DIRECTOR <i>R. B. Rawlings</i> ADDRESS <i>Greensboro, Md.</i>		

